

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

Permit #:	14-0398
Date:	10-22-14
Amount Paid:	\$100 10-22-14
Refund:	

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		Loon Echo Bay Cade		Mailing Address: STATE		City/State/Zip:		Telephone:							
Address of Property:		51230 SHAW ST		City/State/Zip:		BARABES WI 54813		Cell Phone:		1-630-542-7405					
Contractor:		CREATIVE LOG CABIOS		Contractor Phone:		715-923-3938		Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		6266 STANASER		Agent Phone:		1-630-542-7405		Agent Mailing Address (include City/State/Zip):		E13200 IL 60119		Written Authorization Attached		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-		Recorded Document: (i.e. Property Ownership) Volume 337		Page(s) 66							
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision: Loon Echo Bay	
Section 6, Township 44 N, Range 9 W		Town of: BARABES		Lot Size		Acres 9.8									
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		If yes—continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		If yes—continue →		Distance Structure is from Shoreline: 500 feet									

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$40,000.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Pre-Inst.	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
		<input checked="" type="checkbox"/> 6266			None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 28'	Width: 30'	Height: 16'
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> with Loft	<input type="checkbox"/>		(X)	
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	(X)	
		Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Addition/Alteration (specify)	(X)	
		Accessory Building (specify) garage	(28 x 30)	840
		Accessory Building Addition/Alteration (specify)	(X)	
Good for Insurance	<input type="checkbox"/>			
OCT 22 2014	<input type="checkbox"/>	Special Use: (explain)	(X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
Secretarial Staff	<input type="checkbox"/>	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Alan Collett Date 9-17-14
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 1656 LAKE ROAD PESHTIGO WI 54857
Copy of Tax Statement ☒
If you recently purchased the property send your Recorded Deed

	Proposed Construction
(1) Show location of:	North (N) on Plot Plan
(2) Show / indicate:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	



(8) **Setbacks:** (measured to the closest point)

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

marked by a licensed surveyor at the owner's expense one previously surveyed corner to the other previously

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

The local Town, Village, City, State or Federal agencies may also require permits.

© October 2013

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STATEMENT AND FEE TO:
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APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
Date Stamp (Received)
OCT 15 2014
Bayfield Co. Zoning Dept.

Permit #: 14-0399
Date: 10-22-14
Amount Paid: \$75.00
Refund: \$75.00

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Deanne M. Riess</u>	Mailing Address: <u>5140 Lake Rd</u>	City/State/Zip: <u>Barnes, WI 54813</u>	Telephone: <u>715 795-3163</u>
Address of Property: <u>same</u>		City/State/Zip:	Cell Phone:
Contractor: <u>Jim Johnson</u>	715 <u>580-0432</u>	Contractor Phone:	Plumber:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-0042-44-05-03-3-05-004-11000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1049</u> Page(s) <u>817</u>
	Gov't Lot <u>4</u>	Lot(s)	CSM
	Vol & Page	Lot(s) No.	Block(s) No.
Section <u>3</u> , Township <u>44</u> N, Range <u>9</u> W	Town of: <u>Barnes</u>		Lot Size
			Acreage: <u>.604</u>

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (and intermittent) Creek or Landward side of Floodplain? If yes--Continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--Continue →	Distance Structure is from Shoreline: <u>100+</u> feet		

Value at Time of Completion * include donated time & material <u>\$20,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>Sanitary (Exists)</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Sanitary</u>		
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)			
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)			
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None			

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Deck	(X)	
	with a Deck	(X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(X)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>3 season Holiday Room Workshop</u>	(10 x 16)	260
	<input type="checkbox"/> Accessory Building (specify) <u>under deck</u>	(X)	
	Accessory Building Addition/Alteration (specify)	(X)	
Rec'd for Issuance			
OCT 22 2014	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
Secretarial Staff	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owners: Deanne M. Riess
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above

Tax ID 1301

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	63' Feet	Setback from the Lake (ordinary high-water mark)	700+ Feet
Setback from the Established Right-of-Way	40+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	15+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	30+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	50+ Feet	Setback to Well	300+ Feet
Setback to Drain Field	30+ Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 06-1715	# of bedrooms: 4	Sanitary Date: 9-8-06	
Permit Denied (Date):	Reason for Denial:	Private Intreceptor 12/20/06 8015 br 9-26-06			
Permit #: 14-0899	Permit Date: 10-22-14	06-0800			
Is Parcel a Sub-Standard Lot Is Parcel In Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: Structure is existing	Date of Inspection: 10-14-17	Inspected by: M. Funtals	Zoning District (R-1)	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)	No encroache in structure's footprint, Mitigation completed per Permit 07-095009				
Signature of Inspector: Michael Funtals	Date of Approval: 10-22-14				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	



SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

SEP 23 2014

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0405
Date:	10-24-14
Amount Paid:	\$105 9-29-14
Refund:	\$50 10-15-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:	Mark and Karen Childs			Mailing Address:	453 130TH AVE NE HAM LAKE, MN. 55304			Telephone:	
Address of Property:	48630 STATE ROAD, BARNES			City/State/Zip:	BARNES WI. 54873			Cell Phone:	612-190-0745
Contractor:	RUSS SMITH CONSTRUCTION			Contractor Phone:	765-4624170			Plumber:	-
Authorized Agent: (Person Signing Application on behalf of Owner(s))	RUSSELL D. SMITH			Agent Phone:	715-492-7852			Agent Mailing Address (include City/State/Zip):	W.I. 54873
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits)	04-004-2-44-09-20-105-002-02000	Recorded Document: (i.e. Property Ownership)	Volume 588 Page(s) 215			Written Authorization Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1/4, 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size	Acreage
Section 20, Township 44 N, Range 09 W	Town of BARNES			Lot Size	35,000 ±			Acreage	.863

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	If Yes--continue	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone?	Are Wetlands Present?
<input checked="" type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If Yes--continue	Distance Structure is from Shoreline: 150 ± feet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 20,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input checked="" type="checkbox"/> REPAIR EXISTING SLAB CON.				<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 24'-0"	Width: 24'-0"	Height: 22'-0"
Proposed Construction:	Length: 24'-0"	Width: 24'-0"	Height: 22'-0"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(X)	
<input type="checkbox"/> with Loft		(X)	
<input type="checkbox"/> with a Porch		(X)	
<input type="checkbox"/> with (2nd) Porch		(X)	
<input type="checkbox"/> with a Deck		(X)	
<input type="checkbox"/> with (2nd) Deck		(X)	
<input type="checkbox"/> with Attached Garage		(X)	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		(X)	
<input type="checkbox"/> Mobile Home (manufactured date)		(X)	
<input type="checkbox"/> Addition/Alteration (specify)		(X)	
<input checked="" type="checkbox"/> Accessory Building (specify) REPLACING DAMAGED GARAGE		(24 x 24)	576.0
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		(X)	
Rec'd for Insurance	Special Use: (explain)	(X)	
OCT 24 2014	Conditional Use: (explain)	(X)	
Other: (explain) ATTIC TRUSS W/12 WITH 12x24 ROOF		(X)	

Secretarial Stamp

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. (I/we) acknowledge that (I/we) am (are) responsible for the detail and accuracy of all information (I/we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. (I/we) further accept liability which may be a result of Bayfield County relying on this information (I/we) am (are) providing in or with this application. (I/we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____

(If there are Multiple Owners listed on the Deed All Owners must sign or letter of authorization must accompany this application)

Authorized Agent: _____ Date 9-23-2014

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

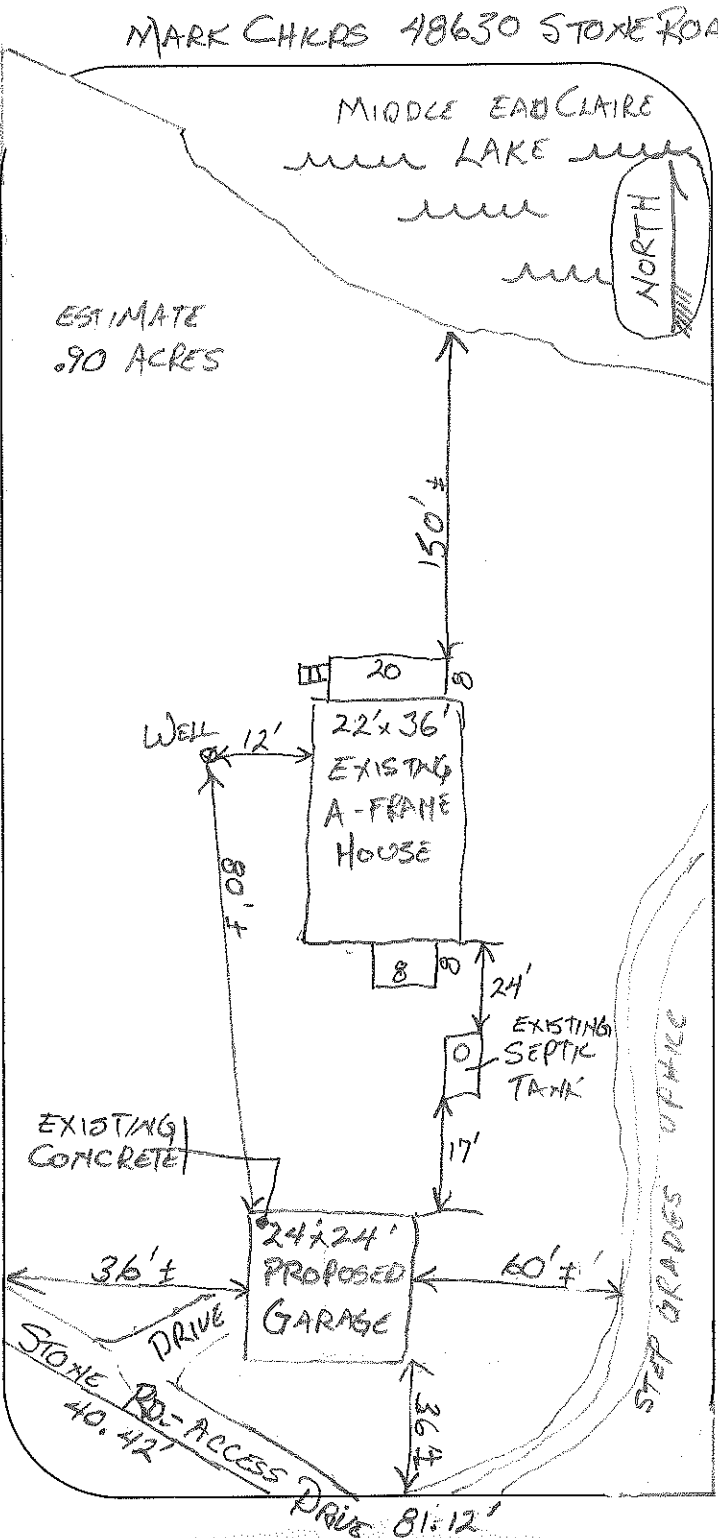
Address to send permit 9032 W COURT ROAD B, HARVARD, WI. 54843

Attach

If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

11,01,093

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road <i>Easement Rd</i>	36' Feet	Setback from the Lake (ordinary high-water mark)	150'± Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	150'± Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	36'± Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	36'± Feet	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	60'± Feet	Elevation of Floodplain	NA Feet
* BUILDING ON EXISTING CONCRETE	17' Feet	Setback to Well	70'± Feet
Setback to Septic Tank or Holding Tank	17' Feet		
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).
ON EXISTING CONCRETE SLAB. THIS IS A REPLACEMENT STRUCTURE.

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):	Reason for Denial:				
Permit #: <i>140405</i>	Permit Date: <i>10-24-14</i>				
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <i>35' Easement</i>	<input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:					
<i>Slab is existing. Structure destroyed by snow load.</i>					
Date of Inspection: <i>10-7-14</i>	Inspected by: <i>AC 113</i>				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)					
<i>May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure. No expansion of footprint.</i>					
Signature of Inspector: <i>Michael Gaudel</i>					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <i>11332</i>	Hold For Fees: <i>150</i>		